PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS: This appropriate. All further condicated unless corrected maintenance fee notification.	d below or directed oth	or transmit ig the Pater ierwise in I	ting the ISSU nt, advance on Block 1, by (a	TE FEE and PUBLIC ders and notification a) specifying a new c	of m orresp	ON FEE (if requipaintenance fees vipondence address;	ired). B vill be 1 ; and/or	locks 1 through 5 sh nailed to the current of (b) indicating a separ	ould be completed where correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
ST. JUDE MEDICAL NEUROMODULATION DIVISION 6901 PRESTON ROAD PLANO, TX 75024						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
						(Depositor's name)				
						Filed via EFS-WEB (Signature)				
						(Date)				
APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	ST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/755,985	55,985 01/13/2004			Brian Blischak		02-036 US		2245		
TITLE OF INVENTION:	SMALL ENTITY		FEE DUE	PUBLICATION FEE I		PREV. PAID ISSU	e fee	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		1510	\$0		\$0		\$1510	06/11/2009	
EXAMINER		ART UNIT		CLASS-SUBCLASS		1		0.0.0	03/11/2003	
BHATIA	3763		604-891100							
1. Change of corresponde	2. For printing on	the no	atent front page li	et						
CFR 1.363). Change of correspond Address form PTO/SB Address form PTO/SB PTO/SB 47; Rev 03-0: Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unled recordation as set forth (A) NAME OF ASSIGNATION AND PASSIGNATION AND PA	or agents OR, alter (2) the name of a registered attorney 2 registered patent listed, no name with E PATENT (print of data will appear on to a substitute for filing the content of the print of the pri	the names of up to 3 registered patent attorneys agents OR, alternatively, the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed. PATENT (print or type) will appear on the patent. If an assignee is identified below, the document has been filed for abstitute for filing an assignment. RESIDENCE: (CITY and STATE OR COUNTRY)								
Please check the appropri	nodulation Systems			Plano, Texas		Individual 🗹 Co	orporati	on or other private gro	up entity Government	
4a. The following fee(s) are submitted: ✓ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.— Paid via EFS-Web Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).						
 Change in Entity Stat a. Applicant claims 	sus (from status indicated SMALL ENTITY state		FR 1.27.	☐ b. Applicant is no	o long	ger claiming SMA	LL ENI	TTY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the r	I Publication Fee (if requecords of the United Sta	uired) will i tes Patent a	not be accepted and Trademark	d from anyone other to Office.	han th	ne applicant; a reg	istered a	ttorney or agent; or the	e assignee or other party in	
Authorized Signature	#51,586/	<i>,</i> 		Date June	e 11, 2	009				
Typed or printed name		Registration No. 51,586								
an application. Confident submitting the completed this form and/or suggestion	iality is governed by 35 application form to the ons for reducing this bu	U.S.C. 122 USPTO. T rden. should	2 and 37 CFR Time will vary I be sent to th	1.14. This collection and depending upon the e Chief Information C	is esti indivi Office	imated to take 12 idual case. Any co r. U.S. Patent and	minutes omment: Tradem	to complete, including son the amount of tirn park Office, U.S. Depart	by the USPTO to process) g gathering, preparing, and ne you require to complete rtment of Commerce, P.O. or Patents, P.O. Box 1450,	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.